PRESIDENT: The House will now proceed to the voting on Demands for Grants.

MR. P. S. MAHOMED: സർ, ഇന്നലെ സിക്രട്ടേറിയറിൽ നിന്ന് ഓർഡേർസ് വേഗത്തിൽ പോകുന്നില്ല എന്നുള്ളതിനു ഉദാഹരണമായി ആലപ്പുഴയിലെ പോർട്ട് തൊഴിലാളികളെക്കുടി റിലീഫ് മെഷേർസിൽ ഉൾപ്പെടുത്തണമെന്ന് ഓർഡർ ഇതുവരെ കിട്ടിയില്ല എന്നു പറഞ്ഞപ്പോൾ ഒർ മണിക്കുറിനകത്തു ഓർഡർ അയച്ചിട്ടുള്ളതായി ചീഫ് സിക്രട്ടറിപറഞ്ഞു. ഇപ്പോൾ എനിക്ക് ആലപ്പുഴ നിന്നും ഒരു കമ്പി കിട്ടിയിരിക്കുന്നു.

MR. M. K. NILAKANTA AIYAR (*Chief Secretary to Government*): Sir, I am not responsible for the telegram. Orders were given in twenty four hours.

PRESIDENT: What is the telegram?

MR. P. S. MAHOMED: The telegram is "No orders received".

PRESIDENT: Who says that?

MR. P. S. MAHOMED: The Secretary, Labour Association.

PRESIDENT: I will have enquires made of that.

VOTING ON DEMANDS FOR GRANTS—(*contd.*)

DEMAND XI—PUBLIC HEALTH AND SANITATION—(*contd*)

Motion No. 294.

MR. G. VELU PILLAI. Sir, in support of the motion before the House I wish to make a few observations on one or two points. It is very difficult in rural parts to get efficient medical aid, especially for females at times of delivery. In the country parts it is the general practice to employ country midwives. There was a time when people in the country parts were so conservative that they would not seek the aid of trained midwives. All conservatism has now disappeared and if trained midwives are not employed in rural parts now, it is because they are not available at the proper time. I need not detail here all the dangers that accompany the employment of country midwives. The death-rate of mothers and infants is increasing day by day. From the Administration Report of 1114 it is evident that there was an increase in the infant death-rate during the year 1114. The infant deaths in rural and urban areas in the State are 77·42 in 1113 and 82·63 in 1114 (per thousand). The mortality rate of the infant and the mother is on the increase. I request, Sir, therefore that trained midwives should be employed in every pakuthy in the State. I am not unaware of the fact that there is a scheme already sanctioned by Government or maternity and child welfare. But this functions only in about 10 centres now and from the Administration Report it is evident that the results are excellent. The report says "the population assigned to each midwife ranges from 5 to 7 thousand. "The standards of work fixed for the mid-wives are similar to those obtaining in the Neyyattinkara

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Health Unit. The midwives have to register all the expectant mothers in their respective areas, at as early a stage as possible, and to conduct home visits and urine examinations once a month up to the sixth month and every fortnight during the last three months of pregnancy. The midwives have also to visit the mother and child consecutively for the first ten days after delivery and whenever required thereafter." The report further says :—

> "These operations appear to have stimulated much public interest towards organising Rural Midwifery Service in many villages, as testified to by the receipt of applications from various rural centres for starting midwifery aid departmentally or under the auspices of voluntary agencies, helped with contributions and directions from the department."

I am sorry no provision has been made for additional midwives for the year 1116. I would suggest that at least 10 midwives be added to the number every year so that after some years the country at large may be able to get the benefit of trained midwives.

DR. M. K. GOPALA PILLAI: Sir, now certain areas in rural places are selectod for midwifery service. There is a condition that no place within the radius of six miles of the nearest hospital, should have a special midwife. Therefore midwives are appointed after making a general survey of the country and each midwife is located beyond this radius of six miles. The honourable member would be aware that recently a midwife for whole time service was posted in Thottapally. There are very many places in his constituency which are within this radius of six miles and that is why any of those places are not selected for posting midwives.

MR. K. KUNJU PANICKAR (*Mavelikara* cum *Kunnattur*): May I know from the member whether there is any such arrangement for Mavelikarai ?

DR. M. K. GOPALA PILLAI: The idea of the Department is to recommend to Government such places as require rural midwifery service; and a survey is being taken and it will be submitted to Government for sanction in due course.

MR. KOTTALIL P. ABRAHAM (*Muvattupuzha* cum *Devicolam*): May I know whether there is any place in my constituency within the radius of six miles ?

DR. M. K. GOPALA PILLAI: We are taking a survey and it is not possible to name them before.

MR. KOTTALIL P. ABRAHAM: May I know the names of places where midwives are now posted ?

DR. M. K. GOPALA PILLAI: Angamali is a place where a midwife was posted a year ago. Thottapalli is another and Kuthiathode, Karukachal and Chadayamangalam are some other places.

MR. PULIYOOR T. P. VELAYUDHAN PILLAI: May I know what is the distance between Vaikom and Kuthiathode ? I believe it will be within 4 to 4½ miles.

DR. M. K. GOPALA PILLAI: But there is the difficulty of crossing the backwaters.

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[Dr. M. K. Gopala Pillai]

Yesterday one honourable member said that there was no dispensary for treating malaria cases in Thodupuzha. Sir, whenever there was an epidemic in that taluk, measures were taken to treat such cases and afford relief to the suffering people. Now there is a hospital as Karikode and people are treated for malaria in that hospital. There it no epidemic. The honourable member Mr. Kunju Panickar said that health propaganda should be extended to Karthigapalli, Karunagapalli and Mavelikara. In last Medom an intensive campaign of lectures was carried on. In Mavelikara, many lectures were delivered in Chettikulangara, Ennakadu and other places in the town with the help of cinema. There is a five year plan for supplying wells to the coastal villages. Work is progressing. The member will have seen an artesian well in Thottapalli and Thirukkunnapuzha, which afford considerable relief to the people there. But it must be stated that each of these wells has cost Government more than 5,000 rupees. Only artesian wells will solve the problem. With regard to the incidence of small-pox, cholera, and filariasis in Mavelikara and Kunnathur, I am glad to State that neither small-pox nor cholera has been there either this year or during last year. Perhaps the incidence of chickenpox may be mistaken for smallpox. There are cases of filariasis in coastal areas. That is all my answer to the questions raised yesterday.

MR. K. KUNJU PANICKAR : Sir, I beg to withdraw the motion.

The motion was, by leave, withdrawn.

Motion No. 295.

MR. C. JEBAMONY NADAR : Sir, I rise to move,

"To reduce the allotment of Rs. 10,550 for grants to Municipalities for mosquito control by Re. 1".

to speak on the need for more efficient control of mosquito both within and outside municipal limits. In this connection I mainly want to bring home to Government the needs of my constituency, namely, Kalkulam and Vilavancode. I shall therefore confine my remarks with reference to that part of the country. In answer to my question re measures taken to check the spread of malaria the Director has given only an evasive answer. That evasive answer tantamounts to saying that Government have not done anything in this matter. As for malaria it would not be denied that prompt and effective preventiv measures are necessary. The serious position is clear from the following admitted facts. On page 25 of the Administration Report I find that as many as 1,42,475 people were attacked by malaria during th year 1114. That is a tremendous number. The Taluks serious affected are Kalkulam, Vilavancode, Neyyattinkara and Nedumanga The number of persons attacked in these areas are as follows :

Kalkulam 13,107
Vilavancode 10,185
Neyyattinkara 33,868 and
Nedumangad 29,105,

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MR. M. R. NARAYANA PILLAI (*Tiruvalla*): May I know how the member arrived at those figures?

MR. C. JEBAMONY NADAR: I am reading from the Departmental Administration Report for 1114.

But as for the deaths that have taken place on account of this disease I fear the Administration Report does not supply any reliable information for I find in the review by the Government in paragraph 5 the number of deaths is given as 52 while in paragraph 10 the number is stated as 73. Further references to page 25 and 86 and 87 show that Government acted on the information supplied by the department. I therefore submit that we are not in a position to know what the number of deaths are. It could also be seen that the number of persons attacked by malaria during the year is much more than 1,42,475. The figures given by Government relate only to the number of cases treated in various hospitals and dispensaries under the control of Government. This position is made clear by a reference to page 22 of the report which reads thus :

> "The figures furnished for malaria show the number of cases treated in the various hospitals and dispensaries under Government control. These cases represent only a part of the total incidence in the state."

So it follows the number attacked is much more. Thus we have a clear case which calls for immediate redress. Now we are told there are various ways of controlling this disease. Some of those are suggested in the Administration Report itself. It is stated in page 36 as follows. "The actual application of different methods of control as engineering methods, oiling and dusting techniques and naturalastic methods as shading and sluicing." If the disease can be brought under control by these methods the question is whether anything in that direction has been done by the department till now? The honourable member who represents the Health Department is not even in a position to give the amount of quinine which was distributed in Vilavancode in the current year. In these circumstances I must directly appeal to Government that this matter must engage their early attention. This is a matter which cannot be neglected, else the situation might become uncontrollable. If effective measures are taken in proper time, I believe, the disease could be brought under control. Malaria is prevalent in Padmanabhapuram and the northern pakuthies of Kalkulam and Vilavancode. But what can the people do? They can only bring it to the notice of the Government and it is for the Government authorities to afford relief. But what is the relief given? We are told that investigations are being carried on. I may say that investigations such as those reported are not going to help the people ; it will only aid some of the officers of the department to get their pay. Let me refer to page 37 of the Report relating to the so-called investigation at Kumarakoil Village. It is said :

> "A mosquito survey of Kumarakoil village was undertaken during the III quarter. On account of severe drought, mosquitoes were very few and only 66 anophelines could be collected during the 15 days of the survey".

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Mr. C. Jebamony Nadar]

So I understand that the survey was carefully undertaken during a time of drought when mosquito would not be available. That is laudable! And after 15 days of investigation only 66 anophelines were collected; all the staff together were able to catch only 4 mosquitoes per day. I do not know what sort of work was done.

PRESIDENT: What is the last sentence?

MR. C. JEBAMONY NADAR: I said Sir, that in fifteen days they were able to collect only 66 mosquitoes *i. e.* at the rate four per day. The report continues –

> "A. Jamesi formed the largest number, the number of A. fluviatilis, A. culicifacies and A. varuna the known carriers of malaria in South Travancore, being almost negligible."

This looks strange when we see that malaria is prevailing in that area for years and to say 'negligible' shows the attitude of the Department. With a view to expose this I asked a question calling for information as to the number of malaria patients treated by the local Hospital. I regret that it has not yet been answered. It is further said—

> "Of the 58 anophelines dissected, none was found infected. The survey revealed that there were only a few breeding places in the locality. The temple tanks, a few channels, drains and wells formed the only breeding places during the drier months of the year. Many of the wells were dry during this part of the year".

I ask the House whether a temple tank is not more than sufficient for spreading the contagion throughout the locality. Over and above these there are according to that report, "few channels, drains and wells" also. Yet they are said to be the "only breeding places". The use of the words "only a few breeding places" is not intelligible. I do not know what more breeding places are necessary in the opinion of the Department. In my view one channel by itself would be sufficient carrier of the contagion not only in Kumarakoil area but all over the country throughout its length. But here the report speaks of more than one channal besides drains and wells as well as the temple tank at Kumarakoil. The large number of worshippers in the temple who use this tank is well known.

What happened in Neyyattinkara some time ago must serve as caution, as to the dangerous and devastating extent to which this epidemic would develop. Of course, I am bringing this aspect to the notice of Government to show the slighting manner in which this serious matter is dealt with by the Department. But in the concluding portion of the report an entirely different picture is presented. I find as follows at page 110.

> "The malaria situation in Neyyattinkara and Nedumangad Taluks, did not worsen into a serious epidemic, though it manifested its characteristic seasonal recrudescence, during the year. In view of the magnitude of the Malaria problem in the State and especially in South Travancore, preliminary steps were taken during the year for formulating a scientific plan of assault upon this devastating disease in all its chief citadels....."

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Thus the opinion in the earlier part of the report that the situation is negligible is evidently unacceptable but as admitted subsequently it is a problem of "magnitude".

What I would therefore say is—let the Director of Public Health make an early assault, to use his own words, so that he may succeed. With these words I commend the motion for the acceptance of the House.

MR. M. L. JANARDHANAN PILLAI (*Nominated*): In supporting the motion, I wish to place certain facts before Government for their information. The introduction of mosquito control in the town of Alleppey has helped considerably in improving the general health of the town. But on account of some unpleasant discussions between the municipality and the Public Health Department it looked as if the arrangement would fall through in 1115. But thanks to the generous orders passed by Government, the municipality was asked to pay the necessary contribution and carry on the work. And the result has been that the public have been benefited considerably. The Director of Public Health has on more than one occasion admitted that the municipal town of Alleppey and the taluks of Shertallai and Ambalapuzha which are waterlogged throughout the whole year, are infested with mosquitoes and necessarily therefore, the earning capacity of the labourer and the general health of the people living in that locality are seriously affected. Sir, when some municipal authorities took it into their heads that they need not provide in the budget sufficient funds for contribution to this work it was almost at a stage when the whole scheme would have been given up by the Public Health Department because Government and the Public Health Director said that it was the duty of the Municipality to contribute half of the amount needed for expenditure. But between the Public Health Department and the Municipality, what are the people to do, Sir? It is a great relief for the public in Travancore and particularly for the people living in that particular area to be told by Government that they realise the insalubrious climate of Alleppey, the very difficult position of having a number of swampy areas in that area and that it is necessary for the Public Health of the town that they should all be filled up. Side by side with that decision of Government which is certainly very helpful to the health of the town and to the development of the commerce of the town, I would request, Sir, that more funds be set apart for the public health Department and that an intensive campaign for a specified period of years be taken up for cleaning the Augean Stable, which I think is the position of these swampy areas of the Alleppey Municipal town and of the taluks of Shertallai and Ambalapuzha. If the Public Health Department is going to distribute its efforts throughout the State and provide only a small contribution for this work out of the total distribution sanctioned for the whole state, the result is likely to be that the health of this particular locality will only be improved after a very long period. Therefore I would earnestly urge that this matter may receive the serious and urgent consideration of the Government.

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[Mr. M. L. Janardhanan Pillai.]

I would also say that from year to year the statistics show that the incidence of filaria which was very large in that particular area has been coming down as a result of the very continuous efforts that have been put forward by the Department. So, ultimately it will mean that Government by paying more attention to this question in areas like Alleppey municipal town, Shertallai and Ambalapuzha taluks, will increase the earning capacity of every labourer and every individual in that area. Not only that, Sir: instead of frittering away the revenues of the State by contributing to the improvement of the health of that particular area for several years I would earnestly urge on Government the need for some continuous work being taken up and for the carrying on of an intensive programme so that there may not be the necessity for extending the activities of this Department for a much longer time than it would otherwise be the case. With these words, I commend the motion for the acceptance of the House.

MR. T. C. KESAVA PILLAI: സർ, നാട്ടിന്റെ നാനാഭാഗങ്ങളിലും ആരോഗ്യപരമായ ജോലികൾ ചെയ്യുന്നതിനിമിത്തം കാളറാ, മസൂരി മുതലായ മഹാരോഗങ്ങൾക്കു വളരെ കുറവുണ്ടെന്നുള്ള സംഗതി അനുഭവസ്ഥനായ എനിക്കുതന്നെ പത്തിരുപതു കൊല്ലങ്ങളായി അറിയാൻ കഴിഞ്ഞിട്ടുണ്ട്. തിരുവിതാംകൂറിൽ മിക്ക ഭാഗങ്ങളിലും ഇപ്പോൾ മലമ്പനി പടർന്നു പിടിച്ചുവരികയാണെന്നുള്ളതു ഗവണ്മെൻറിന്റെ ദൃഷ്ടിയിൽ വന്നിട്ടുണ്ടെന്നാണു ഞാൻ വിചാരിക്കുന്നതു്. കോതയാറിലെ ജലക്കുറവുകൊണ്ടും അടുത്തസ്ഥലങ്ങളിൽ മിക്കഭാഗവും ചതുപ്പു നിലങ്ങളായിരിക്കുന്നതുകൊണ്ടും മലവാരങ്ങളിൽനിന്നു് കൊതുകുകൾ വന്നു വിഷബീജം പരത്തുന്നതുകൊണ്ടും തെക്കൻ തിരുവിതാംകൂറിൽ മലമ്പനി അധികം പകരാൻ ഇടയായിട്ടുള്ളതു്. നെയ്യാറിൻകര, വിളവങ്കോടു്, നെടുമങ്ങാടു താലൂക്കിലെ ഏതാണ്ടു ഭാഗം എന്നീ സ്ഥലങ്ങളിൽ മലമ്പനി ധാരാളമുണ്ടു്. ഈ മലമ്പനി ഉടനടി മാറിയില്ലെങ്കിലും തൽക്കാലം വേണ്ട പരിഹാരം ലഭിക്കത്തക്കവിധത്തിൽ വേണ്ടതു ചെയ്യേണ്ടതു അത്യാവശ്യമാണു്. കഴിഞ്ഞ ഒന്നരണ്ടു വർഷങ്ങളിൽ മലമ്പനി പിടിപെട്ടവർക്കു് കഞ്ഞി മുതലായ ആഹാരസാധനങ്ങൾ കൊടുത്തുവന്നിരുന്നു. നാട്ടിൻപുറത്തെ ഇപ്പോഴത്തെ സ്ഥിതി വളരെ പരിതാപകരമായ ഒരു നിലയിലാണു്. കുന്നത്തുകാൽ ആശുപത്രിയെ ഒരു സ്ഥിരം ആശുപത്രിയാക്കിയാൽ മലമ്പനി പിടിപെട്ടവർക്കു് അവിടെവന്നു താമസിച്ചു് മരുന്നുവാങ്ങിച്ചു കുടിക്കുവാൻ സൗകര്യപ്പെടുന്നതാണു്. പനി പിടിപ്പെട്ട രോഗികൾ ആഹാരമില്ലാതെ മൂന്നും നാലും ദിവസം പട്ടിണി കിടക്കയാണു ചെയ്തുവരുന്നതു്. കയറിക്കിടക്കുന്നതിനു ആശുപത്രിയിൽ സൗകര്യം ഉണ്ടായിരുന്നാൽ

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ഉഠംനാട്ടുകളിൽനിന്നും വരുന്നവക്ക് അവിടെ താമസിക്കുന്നതിന് സാധിക്കുന്നതാണ്. രണ്ടോ മൂന്നോ ദിവസം കഴിഞ്ഞിട്ട് അവക്ക് പോയാൽ മതി. കപയിനാ മുതലായ മരുന്നുകഠം രോഗം പിടിപ്പെട്ടവക്ക് കോടുക്കണം. അതു് പ്രൈവറു് ഡാക്ടരിൽ നിന്നായാലും കമ്പനി ഡാക്ടരിൽ നിന്നായാലും മിഷൻ ഡാക്ടരിൽ നിന്നായാലും തരക്കേടില്ല. ആരിൽ നിന്നെങ്കിലും അതു ലഭിക്കുന്നതിനുള്ള സൗകര്യം കിട്ടിയാൽമതിയാകും.

നാഗർകോവിലിൽ മുൻപുമുതൽക്കുതന്നെ പനിയുണ്ടായിരുന്നു. വേനൽക്കാലത്തു് അവിടെ ജലം അൽപ്പമായിട്ടെ ലഭിക്കുകയുള്ളു. മഴ വീഴുമ്പോൾ അവിടെയുള്ള കുളങ്ങളിൽ മുഴുവൻ വെള്ളം നിറയും. ഇങ്ങനെ കെട്ടിനിൽക്കുന്ന വെള്ളത്തിൽനിന്നാണ് ഫൈലേറിയയുടെ വിഷബീജങ്ങഠം ഉണ്ടാകുന്നതു്. ഇരണിയൽ താലൂക്കിൽ ഫൈലേറിയാ ധാരാളമായി ഉണ്ടു്. മിസ്റ്റർ ജഫമണിനാടാർ പറഞ്ഞതു് വളരെ പരമാർത്ഥമാണു്. കൊതുകാണു ഈ വിഷബീജങ്ങഠം പരത്തി വിഷമമുണ്ടാക്കുന്നതു്. കൽക്കുളം വിളവംകോടു് എന്നീ താലൂക്കുകളിലേക്കു് ആണ്ടുതോറും ഒരു നല്ല സംഖ്യ അനുവദിച്ചുകിട്ടുകയാണെങ്കിൽ അഞ്ചു വർഷംകൊണ്ടു് ഈ വിഷമതകളെ തീർക്കാവുന്നതാണു്. അതിലേക്കുവേണ്ടി കുറെയുക അവിടെ ചെലവാക്കിയിട്ടുണ്ടു്. ശുദ്ധജലം കിട്ടുകയാണെങ്കിൽ ഈ രോഗം ഉണ്ടാവുകയില്ല. അതുകൊണ്ടു് ഈ വക സംഗതികളെപ്പറ്റി ഡയറക്ടർ അവർകഠം ഗവണ്മെൻറിനെ പറഞ്ഞു മനസ്സിലാക്കിച്ചു് വേണ്ട നിവാരണമാർഗ്ഗങ്ങഠം ഉടനടി ചെയ്യേണ്ടതാണു്. അവിടെയുള്ള സമുദ്രതീരത്തോടു് അടുത്ത സ്ഥലങ്ങഠം വൃത്തികേടായി കിടക്കുന്നുണ്ടു്. അഞ്ചോ പത്തോ മുറകഠം ഒന്നിച്ചുചേത്തു് സർക്കിളായിതിരിച്ചു് വേണ്ട ശുചീകരണജോലികഠം നടത്തുന്നതിനു് ഏർപ്പാടുചെയ്യണം. ശുദ്ധജല വിതരണക്കായ്ത്തിൽ പ്രത്യേകം ശ്രദ്ധിക്കണമെന്നു് ഞാൻ ഗവണ്മെൻറിനോടു് അപേക്ഷിച്ചുകൊള്ളുന്നു.

MR. E. E. PANDARATHIL (*Travancore Jenmics, South*): Sir, it must be due to the crusade carried on against the mosquitoes in the towns that they are evacuating the municipal areas for healthier neighbourhoods in the country. Sir, to the state of temple tanks and the possibility of their developing into dangerous breeding areas by reason of their increased use by increasing numbers of people, the attention of Government has been drawn by me even last year. This year on their own showing, it is seen that even in Kumarakoil the temple tank is one infested area. Let us hope that the species is probably "Varuna" as is mentioned in the list of mosquitoes. Anyway, my idea in associating myself with this motion is again to draw the attention of Government to the condition of temple and other tanks in the mofussil areas in the country, with a view to their improved sanitation.

(At this stage the President left the House and the Deputy President took the Chair.)

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MR. P. S. MAHOMED : സർ, ആലപ്പുഴ ടൌണിൽ ഒരു മുൻസിപ്പാലിറ്റി ഉണ്ടെങ്കിലും അവിടെ പബ്ലിക്ക് ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിന്റെ സഹായം അത്യന്താപേക്ഷിതമാണെന്നുള്ളതിന് രണ്ടുപക്ഷമില്ല. ആലപ്പുഴ ടൌൺ ആരോഗ്യസംബന്ധമായി നോക്കിയാൽ വളരെ പിന്നിലാണെന്നുള്ളസംഗതി പ്രത്യേകം പറയേണ്ട ആവശ്യമുണ്ടെന്നുതോന്നുന്നില്ല. ഗവണ്മെൻറിൽനിന്നും ആ പട്ടണത്തെ ആരോഗ്യകരമായ നിലയിൽ വരുത്തുന്നതിനു പലതും പ്രവർത്തിച്ചുവരുന്നുണ്ടെന്നുള്ള സംഗതി ഈ അവസരത്തിൽ ഞാൻ വിസ്മരിക്കുന്നില്ല. (ഈ അവസരത്തിൽ ഡെപ്യൂട്ടി പ്രസിഡൻറ് അദ്ധ്യക്ഷപദം സ്വീകരിച്ചു.) അവിടെ വാട്ടർ വർക്കസ് നടപ്പാക്കിയതോടുകൂടി ആലപ്പുഴയുടെ ആരോഗ്യനിലയ്ക്കു സാരമായ ഭേദം വന്നിട്ടുണ്ട് എന്നുള്ളതിനു സംശയമില്ല. കൊതുകുനിയന്ത്രണത്തെ സംബന്ധിച്ച് കുറെക്കാലമായി ഡിപ്പാർട്ടുമെൻറിൽനിന്നും കാര്യമായി പലതും പ്രവർത്തിക്കുന്നു എന്നുള്ളതും എനിക്കറിവുള്ളതാണ്. എന്നാൽ ഡിപ്പാർട്ടുമെൻറും മുനിസിപ്പാലിറ്റിയുമായിട്ട് ഇടക്കാലത്ത് എന്തോ ചില സൗന്ദര്യപ്പിണക്കങ്ങൾ ഉണ്ടായി എന്ന് ബഹുമാനപ്പെട്ട മി. ജനാർദ്ദനൻപിള്ളയുടെ പ്രസംഗത്തിൽ സൂചിപ്പിക്കുകയുണ്ടായി. അങ്ങിനെയുള്ള യാതൊരു പിണക്കങ്ങളും ഉണ്ടായിട്ടില്ല എന്ന് ഡയറക്ടർ പറയുന്നു. ആലപ്പുഴ മുനിസിപ്പാലിറ്റിയുമായുള്ള എന്റെ പരിചയം വച്ചുകൊണ്ടു പറയുകയാണെങ്കിൽ ആ മുനിസിപ്പാലിറ്റി ഡിപ്പാർട്ടുമെൻറുമായി സഹകരിച്ചു പ്രവർത്തിക്കുന്നതിനു എപ്പോഴും സന്നദ്ധമായിരുന്നിട്ടുണ്ടെന്നും, ഡിപ്പാർട്ടുമെൻറിനു അസുഖം ഉണ്ടാകത്തക്കനിലയിൽ യാതൊന്നും തന്നെ പ്രവർത്തിച്ചിട്ടില്ലെന്നും ധൈര്യമായി എനിക്കു പറയാവുന്നതാണ്. അഥവാ യാദൃച്ഛികമായി വല്ല പിണക്കങ്ങളും വന്നിട്ടുണ്ടെങ്കിൽതന്നെയും ടൌണിന്റെ രക്ഷയെ പരിഗണിച്ചു ഡിപ്പാർട്ടുമെൻറിൽനിന്നും കൂടുതൽശ്രദ്ധിച്ചു പ്രവർത്തിക്കണമെന്നപേക്ഷിച്ചുകൊണ്ട് ഈ പ്രമേയത്തെ അനുകൂലിക്കുന്നു.

MR. K. P. KOCHUKORA THARAKAN : കൊതുകിന്റെ ഉപദ്രവം ഈ തിരുവനന്തപുരം ടൌണിൽതന്നെ വളരെ കൂടുതലാണ്. ഞങ്ങൾ ഇവിടെവന്നു താമസിക്കുന്നകാലത്തു കൊതുകു കടിക്കുന്നതുനിമിത്തം അഞ്ചാറുദിവസം ഭേദം തടിക്കുന്നതുപോലെയായിത്തീരുന്നുണ്ടു. ഈ പ്രധാനപ്പെട്ട ടൌണിൽ ഈ സംഗതിയെപ്പറ്റി ഇത്രമാത്രമെ ശ്രദ്ധിച്ചു പ്രവർത്തിക്കുന്നുള്ളുവെങ്കിൽ വെളിയിലുള്ള സംഗതി എങ്ങിനെയായിരിക്കുമെന്നു പ്രത്യേകം പറയേണ്ട ആവശ്യമില്ലല്ലൊ. കൊതുകിനെ പിടിക്കാൻ ആളുകൾ നടക്കുന്നുണ്ട്. ഇതിനെ നിറുത്തുന്നതിനു സാധിക്കുമെങ്കിൽ

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എന്തെങ്കിലും ഒരു മാർഗ്ഗം കണ്ടുപിടിക്കണം. ഇപ്പോൾ നടത്തുന്ന പ്രവർത്തനങ്ങൾ കൊണ്ട് യാതൊരു പ്രയോജനവും ഇല്ലാതെയാണിരിക്കുന്നത്.

MR. MURUKUMPUZHA V. KUNJUKRISHNAN : ഈ ടൌണിന്റെ ഏതു ഭാഗത്താണ് കൊതുകിന്റെ ഉപദ്രവം ഉള്ളത്?

MR. K. P. KOCHUKORA THARAKAN: ടൌണിന്റെ എല്ലാഭാഗത്തും ഇതിന്റെ ഉപദ്രവം ധാരാളമുണ്ട്. ഈ ഹജൂർക്കച്ചേരിക്കകത്തുതന്നെയും ഉണ്ട്.

DR. M. K. GOPALA PILLAI: ഈ ടൌണിലെ സ്ഥലങ്ങൾ മുനിസിപ്പാലിറ്റിയുടെ കീഴിലാണെന്നറിയാമൊ ?

MR. K. P. KOCHUKORA THARAKAN: അറിയാം. പബ്ലിക്ക് ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിൽനിന്നും ഇതിലേക്ക് പലതും പ്രവർത്തിക്കുന്നു എന്നു പറയുന്നു.

MR. M. R. NARAYANA PILLAI : കൊതുകിന്റെ ഉപദ്രവം എപ്പോഴാണുള്ളത്?

MR K. P. KOCHUKORA THARAKAN : എല്ലാ സമയത്തും ഉണ്ട്. കൊതുകിനെ സംബന്ധിച്ചു ഇപ്പോൾ നടത്തിവരുന്ന പ്രവർത്തനങ്ങൾകൊണ്ടു യാതൊരു പ്രയോജനവും സിദ്ധിക്കുന്നില്ല. ഇതിലേക്കുള്ള വിദഗ്ദ്ധന്മാർ കേവലം നാമമാത്രന്മാരാണ്. ഇതിനെ സംബന്ധിച്ചു പ്രയോജനകരമായി വല്ലതും ചെയ്യാൻ സാധിക്കുന്നില്ലെങ്കിൽ അതു പറയണം. അതിലേക്ക് വെറുതേ ജനങ്ങളെ കളിപ്പിക്കേണ്ട ആവശ്യമില്ല. ഇപ്പോൾ കൊതുകിന്റെ ഉപദ്രവം ക്രൂരമായിരിക്കണമെങ്കിൽ കട്ടിലിൽ കൊതുകുവലയും ഇട്ടു കിടക്കേണ്ടിയിരിക്കുന്നു. അതുകൊണ്ടു കൊതുകുനിവാരണത്തിനു കായ്മായി വല്ലതും ചെയ്യാൻ സാധിക്കുമെങ്കിൽ പബ്ലിക് ഹെൽത്ത് ഡയറക്ടർ പ്രത്യേകം ശ്രദ്ധിച്ചു വേണ്ടതു പ്രവർത്തിക്കണം. അല്ലെങ്കിൽ ആവകയ്ക്കായുള്ള പ്രവർത്തനങ്ങൾ എല്ലാം നിറുത്തണം. ഇതിലേക്കുവേണ്ടി ആണ്ടുതോറും ഗണ്യമായ ഒരു സംഖ്യ ചെലവാക്കിവരുന്നുണ്ട്. പണമില്ലാത്ത ഇക്കാലത്തു കൊതുകിനുവേണ്ടി വെറുതെ പണം ചെലവാക്കാൻ പാടില്ല എന്നാണ് എന്റെ അഭിപ്രായം.

MR. M. RAMIAH PILLAI (*Chirayinkil cum Nedumangad*): Sir, it is gratifying to note that the department has done very strenous and substantial work in my constituency to check the spreading of malaria. I would heartily thank the Public Health Director for opening two temporary dispensaries in Aryanad and Vellanad soon after representations were made about the attack of malaria in those places. I wish to support the motion in order to impress on the Public Health Director

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[Mr. M. Ramiah Pillai.]

that malaria has not been completely evercome in my constituency though the temporary dispensaries have been opened. I request that the Health Director and Government be pleased to continue the relief works and help the suffering ryots. The temporary dispensaries must be continued in Vellanad and Ariyanad till the poor agriculturists get complete relief from malaria.

MR. MURUKUMPUZHA V. KUNJUKRISHNAN: Sir, I wish to add a few words. It was pointed out by the honourable member Mr. Kochukora Tharakan that the Trivandrum Municipality is not properly conducting the mosquito control work. The Public Health Director also shirked his responsibility and shoved the responsibility on to the shoulders of the Municipal Council.

It is a fact, Sir, that the mosquito control work has been taken up by the Municipality. We have under the Council for this purpose a very effective and well-equipped staff under the control and supervision of a Public Health Officer who is specially qualified for that work. The Municipality is now spending more than Rs. 10,000 every year for the mosquito control work. Besides the oiling operation which is now carried out throughout the whole town, clearing of marginal and floating vegetation in the tanks of the town, control of mosquito breeding in paddy fields, introduction of *Larvivorous* fish in the unused wells in the town and several other measures conducive to the prevention of mosquito trouble in the town are being done by the mosquito control staff.

But I have to candidly admit that we are labouring under several difficulties. We have no suitable anti-mosquito legislation to strengthen the hands of our executive in dealing with mosquito breeding in private property. Several wells have now fallen out of use by the inauguration of the protected water supply. There are several tanks which serve no useful purpose and we are confronted with the problem of filling them up. The Municipality has adopted a five-year plan of filling up these tanks one after another. There are extensive paddy fields within the municipal town and those paddy fields lying adjacent to residential areas are being treated with Paris green.

Sir, another question was raised regarding the prevalence of malaria within the municipal limits. Hospital statistics would show that malaria attendance in the different medical institutions in the town underwent a sharp rise in recent years mainly due to the influx of people from the epidemic affected areas of Neyyattinkara and Nedumangad. From information available as a result of the spleen-survey conducted by the Medical Department among the school going children it could be found that cases of enlarged spleen were detected although the percentage is negligibly small. It has also been detected, by an entomological survey conducted, of the presence of an appreciably good percentage of *A. 'Varuna'* a probable career of malaria in Trivandrum mainly found in the wells. The question of protecting Trivandrum from this potential danger has engaged the very serious attention of the

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Municipal Council. May I also inform the honourable members of this House that Dr. P. Kumaran Nair, the Malaria Special Officer attached to the Public Health Department who was deputed by Government for a malaria survey of the town of Trivandrum has submitted his report and that report is now under the consideration of Government. The matter has been placed before the Municipal Council as well.

As far as the question of malaria is concerned it is not possible for the Municipality alone to do anything single handed. We may require the co-operation of the Public Health Department, of the Medical Department in the matter of giving complete cure to those patients who attend the medical institutions within the town, of the Water Works and Drainage Departments in the matter of surface and underground drainage; and in co-operation with these departments we are confident we will be able to control the prevalence of malaria ere long.

I may assure this House that the Trivandrum Municipal authorities are at the disposal of my honourable member of this House and if any one has got any complaint it is enough if the matter is brought to the notice of the Municipal office when immediate action will be taken in the matter by the executive in no time. With these observations I resume my seat.

MR. A. K. KUMARAN VAIDYAN (*Kunnatnad* cum *Parur*) : ഞാൻ ഈ ഉപക്ഷേപത്തെ എതിർക്കുന്നു. പബ്ലിക് ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിൽനിന്നും എത്രയാളുകളെ നിയമിച്ചാലും തിരുവിതാംകൂർ സംസ്ഥാനമൊട്ടുക്കുള്ള കൊതുകുകളെ നശിപ്പിക്കാൻ സാധിക്കുകയില്ല. ഓരോ സ്ഥലത്തുമുള്ള അഴുക്കുകളെ പാടെ നിർമ്മാർജ്ജനം ചെയ്യുന്നതിനുള്ള ശ്രമം നിഷ്പ്രയോജനമാവുകയെ ഉള്ളൂ എന്നാണു എനിക്കു തോന്നുന്നത്. അഴുക്കുകളിൽ നിന്നാണല്ലൊ കൊതുകുകൾ ഉണ്ടാകുന്നത്. ധാരാളം കൊതുകുകൾ ഉണ്ടാകുന്ന സ്ഥലങ്ങൾ നോക്കി അവിടെ മാത്രം വേണ്ട നിവാരണമാർഗ്ഗങ്ങൾ ചെയ്യുക എന്നല്ലാതെ രാജ്യമൊട്ടുക്കുള്ള കൊതുകുകളെ നശിപ്പിക്കുന്നതിനു തിരുവിതാംകൂറിലെ എല്ലാ ഡിപ്പാർട്ടുമെൻറുകളും കൂടി ഒത്തൊരുമിച്ചു ശ്രമിച്ചാലും സാധ്യമല്ല. മലേറിയാ ഉണ്ടാകുന്ന സ്ഥലങ്ങളിൽ കൊതുകുനശീകരണശ്രമം കൂടുതൽ വേണ്ടതാണെന്നു ഞാനും സമ്മതിക്കുന്നു.

MR. KOTTALIL P. ABRAHAM : എല്ലാ താലൂക്കുകളിലും ശ്രമിക്കുന്നതു കൊണ്ടു കൊതുകിൻെറ ശല്യത്തിനു അത്രക്കു കുറവുണ്ടാകയില്ലയൊ?

MR. A. K. KUMARAN VAIDYAN : കൊതുകിൻെറ ശല്യത്തിൽനിന്നു നിശ്ശേഷം ഒഴിയുവാൻ അതു പ്രയോജനപ്പെടുകയില്ലെന്നാണു ഞാൻ പറയുന്നതു്.

MR. M. R. NARAYANA PILLAI : കൊതുകുനിവാരണം സംബന്ധിച്ചു് ആയുർവേദത്തിൽ വല്ലതും പറഞ്ഞിട്ടുണ്ടൊ?

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MR. A. K. KUMARAN VAIDYAN : കൊതുക് എന്നു പ്രത്യേകം പറഞ്ഞിട്ടുള്ളതായി എനിക്കറിവില്ല.

ജനങ്ങൾ അമിതമായി വർദ്ധിച്ചുവരുന്ന സമയത്തു മനുഷ്യരിൽ നിന്നും പലവിധമായ അഴുക്കുകളും ഉണ്ടാകയും അതു വഴിക്കു കൊതുകുകൾ വർദ്ധിച്ചുവരികയും ചെയ്തിട്ടുള്ളതാണ്. ആയുർവേദം ഉണ്ടായകാലത്തു ഇന്നത്തെപ്പോലെ ജനപ്പെരുപ്പം ഇല്ലായിരുന്നു. അതുകൊണ്ടായിരിക്കണം കൊതുകുനിവാരണത്തെ സംബന്ധിച്ചു ആയുർവേദത്തിൽ ഒന്നും കാണാതിരിക്കുന്നതു എന്നു എനിക്കു തോന്നുന്നു. ജനങ്ങൾ തിങ്ങിപ്പാർക്കുന്ന സ്ഥലത്തു കൊതുകുകൾ വർദ്ധിച്ചിട്ടുണ്ടെങ്കിൽ അവിടെ കൊതുകുനിവാരണശ്രമം ചെയ്യേണ്ടതാവശ്യമാണ്. ഓരോ പുരയിടത്തിലും, വീടുകളിലും ചെന്നു അവിടെയുള്ള കൊതുകുകളെയെല്ലാം നശിപ്പിക്കുകയെന്നുള്ളതു് നടപ്പുള്ള കാര്യമല്ല.

MR. K. P. KOCHUKORA THARAKAN : കൊതുകിനെ നശിപ്പിക്കുക എന്നുള്ള മുമതല ഹെൽത്തോഫിസർട്ടുമെൻറിനുള്ളതല്ലെ?

MR. A. K. KUMARAN VAIDYAN : അതെ.

MR. T. C. KESAVA PILLAI: സന്ധ്യസമയത്തു വീടുകളിൽ പുകക്കണമെന്നു ആയുർവേദത്തിൽ പറഞ്ഞിട്ടില്ലെ? അതെന്തിനാണ്?

MR. A. K. KUMARAN VAIDYAN : അതു കൃമിനാശത്തിനാണ്.

MR. T. C. KESAVA PILLAI : കൊതുകിനെകൂടി നശിപ്പിക്കാനായിട്ടല്ലെ അതു്?

MR. A. K. KUMARAN VAIDYAN : കൃമിയിൽ നിന്നുണ്ടാകുന്നതാണു കൊതുകു്.

MR. P. KUNJUKRISHNAN : മലേറിയായുടെ ആയുർവേദത്തിൽ വല്ല മരുന്നുമുണ്ടോ?

DR. M. K. GOPALA PILLAI : Sir, the honourable member for Vilavancode Mr. T. C. Kesava Pillai referred to the incidence of malaria in Kumarakoil. The survey there has shown that the problem is not as serious as in certain other places. This could be clearly seen from the fact that in about 15 days, only 66 mosquitoes were collected. It also shows that the houses in that part of the locality are so few. For all these reasons, the problem at Kumarakoil, when compared to other places, is much small. The people who gather there for worship come from various places and that only in certain seasons of the year. In certain cases, the out-break of malaria cannot be detected at all. I may also say that the resident population in Kumarakoil is also small. In regard to temple tanks, there are certain difficulties.

MR. C. JEBAMONY NADAR : What is the sort of difficulty that is being experienced in regard to temple tanks ?

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DR. M. K. GOPALA PILLAI: The worshippers object to the tanks being sprayed with oil so as to prevent mosquito breeding. It is the desire of this department to extend anti-mosquito measures to almost all the places where there is mosquito trouble and especially to places in the foot hills.

MR. M. R. NARAYANA PILLAI: May I know from the member, is it not possible to destroy the larvae from the temple tanks?

DR. M. K. GOPALA PILLAI: Spraying too much oil in temple tanks will prove an offence to the users of tanks.

MR. M. R. NARAYANA PILLAI: My question was whether the mosquito larvae could not be removed from temple tanks.

DR. M. K. GOPALA PILLAI: It has not been possible to do so.

MR. KAINIKKARA M. PADMANABHA PILLAI: Is it not possible to destroy them without producing objectionable results?

DR. M. K. GOPALA PILLAI: There are two or three methods of lessening the trouble caused by mosquitoes. One is by spraying oil, secondly by pistia clearance and thirdly by Paris greening.

DEPUTY PRESIDENT: What about the method that has been proposed by the Professor of Fisheries?

DR. M. K. GOPALA PILLAI: We have been trying that in certain places. There is a fish called Gambusia. That is very good for well, and other small collections of water. When they are put into big tanks the other fish swallow this variety. The very existence of Gambusia variety was destroyed in certain tanks instead of destroying the mosquito larvae. That has been our problem in many of the tanks in Neyyattinkara. Therefore I beg to submit that where there is a large volume of water the experiment of putting the Gambusia fish in water to prevent the breeding of mosquitoes has proved a marked failure. The honourable member Mr. Janardana Pillai said that the Municipality and the Public Health Department were not getting on well for some time. I may hasten to correct him on this point. It was the Municipality that wanted to stop mosquito control measures while the department persisted in continuing the work. Even then, the department had no kind of misunderstanding with the Municipality. The suggestion was merely advisory and it was for the Municipality either to accept it or reject it.

The honourable member Mr. T. C. Kesava Pillai referred to the existence of malaria in his constituency and also in Kalkulam taluk. It is true that in certain places lying on the foot hills, there is the prevalence of malaria. The places affected are Pachipara, Thrippparappu, Kulasekharam, Kalial &c. At present, the Department is distributing quinine to malaria patients in Kulasekharam and Thripparappu. The Department is also trying other methods to bring malaria under control. Certain wells were inspected in the infected areas and the Gambusia variety of fish introduced in those wells. On account of that measure I am glad to inform the member for Vilavancode that the incidence of malaria in those two places is much less this year than it was in previous years. In regard to the continuance of the hospital at Kunnathukal, I may inform the House that the hospital will be continued there for some time longer.

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[Dr. M. K. Gopala Pillai.]

As I said, it is very difficult to deal with temple tanks in certain areas. The worshippers object to the method of controlling the mosquito in temple tanks.

The honourable member for Kunnatnad said that there is prevalence of mosquito in certain parts of Trivandrum. Kunnatnad is a place which is always free from mosquito and occasionally when the member comes here during the monsoon session of the Assembly, which coincides with the mosquito season in Trivandrum, it is only natural that he would feel the mosquito nuisance to a certain extent. It is a known fact that after the rains during this season there may be small collections of water here and there where mosquitoes are enabled to breed.

MR. K. P. KOCHUKORA THARAKAN: കൊതുകില്ലാത്ത സ്ഥലത്തു താമസിക്കുന്ന ഒരുത്തൻ കൊതുകുള്ള സ്ഥലത്തു വരുമ്പോൾ അപ്പോഴുണ്ടാകുന്ന ശല്യം കൊതുകുള്ള സ്ഥലത്തുനിന്നു വരുന്ന ഒരുവനു തോന്നുന്നതിനെക്കാൾ കൂടുതൽ ഉപദ്രവകരമായി തോന്നുന്നതാണെന്നു ബഹുമാനപ്പെട്ട മെമ്പർ മനസ്സിലാക്കിയിട്ടുണ്ടോ?

DR. M. K. GOPALA PILLAI: Probably the honourable member is exaggerating. It is natural that even in places that are controlled by anti-malarial measures, there is mosquito trouble in certain seasons of the year. It is not possible, as the honourable member for Parur suggested, to eradicate every larva. Therefore, my suggestion to the honourable member for Kunnatnad is that he must find out a better locality which is now available in Trivandrum for residence and where there will be less mosquito trouble.

MR. K. P. KOCHUKORA THARAKAN : കൊതുകില്ലാത്ത സ്ഥലത്തേക്കു പോകണമെന്നു പറഞ്ഞല്ലൊ; എങ്ങോട്ടാണു പോകേണ്ടതു?

DR. M. K. GOPALA PILLAI: കൊതുകില്ലാത്ത പല സ്ഥലങ്ങളും തിരുവനന്തപുരത്തുണ്ടു്. മെമ്പർ പ്രസ്താവിച്ച തിരുവനന്തപുരം സത്രം കൊതുകില്ലാത്ത ഒരു നല്ല സ്ഥലമാണു. അതിനെക്കാൾ നല്ല സ്ഥലമുണ്ടോ എന്നു അന്വേഷിച്ചാൽ കണ്ടുപിടിക്കാനും കഴിയും.

MR. K. P. KOCHUKORA THARAKAN : ചേത്തലതാലൂക്കിലും മറ്റും താമസിക്കുന്നവർ എങ്ങോട്ടാണു പോകേണ്ടതു?.

DR. M. K. GOPALA PILLAI : ഇതൊക്കെ അറിഞ്ഞിരുന്നിട്ടും ഈ ചെറിയ ഉപദ്രവം സഹിക്കുന്നതാണു മെമ്പർക്കു വലിയ വിഷമം തോന്നുന്നല്ലൊ എന്നു ഞാൻ മനസ്സാപിക്കുന്നു.

In regard to the supply of drinking water in places where there is scarcity, I may inform the honourable House that the Government have placed Rs. 4,800 for improvement of wells in Kalkulam taluk and Rs. 5,500 in Vilavancode Taluk. Many of the wells in those places

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have been improved. Though I have not got a list of the wells so improved at the moment, I may say that the water problem has been solved satisfactorily. It will be seen that the Department has not been neglecting the needs of the people in regard to the supply of good drinking water. Whenever such necessity is being felt by the Department, the matter is brought to the notice of Government and necessary steps are taken to satisfy the wants of the public. I hope that, in the light of the explanation given by me, the honourable member would see his way to with draw the motion.

MR. C. JEBAMONY NADAR : How does the member explain the difference in death statistics on account of malaria in Neyyattinkara in the year 1114? On page 25 of the Administration report the number of deaths is 23 and in Page 87 it is stated as 73.

DR. M. K. GOPALA PILLAI : The printer's devil is known everywhere, Sir,

MR. C. JEBAMONY NADAR : That is not correct. If you add the figures in pages 86 and 87 the figures arrived at is correct. The figures are 28, 23, 7, 1, 5 and 9. When the figures are added the total is 73.

DR. M. K. GOPALA PILLAI: One of the numbers mentioned is correct, Sir.

MR. C. JEBAMONY NADAR : I brought forward a similar motion last year and as nothing has been done by the department to lessen the malaria control as is seen from the figures submitted by me, I press the motion to a division.

The motion was put to vote and lost.

MR. K. P. KOCHUKORA THARAKAN : I demand a poll,

A poll was taken with the following results :

AYES—3.

1. Mr. Kottalil P. Abraham
2. „ K. P. Kochukora Tharakan
3. Mr. K. Narayanaperumal Nadar

NOES—24.

1. Sahib Bahadur V. Chandamiah
2. Srimati L. Devaki Antharjanam
3. Mr. D. Francis
4. „ K. G. Govindan
5. „ Menatheri N. Kesava Panickar
6. „ M. G. Kesava Pillai
7. „ T. C. Kesava Pillai
8. „ T. T. Kesavan Sastri
9. „ Kaviyoor K. K. Kochukunju
10. „ Thamarappallil Kochuthommen
11. Srimati T. Narayani Amma
12. Mr. J. E. A. Pereira
13. „ Kodiveetil C. Ramankunju
14. „ M. Ramiah Pillai
15. „ P. Sivarama Pillai
16. „ J. W. Tolson
17. „ M. K. Nilakanta Aiyar
18. „ S. Sundararajan
19. „ M. S. Doraswami Aiyangar
20. „ M. K. Gopala Pillai
21. „ C. Kumara Das
22. „ Puthupalli S. Krishna Pillai
23. „ K. R. Narayana Aiyar
24. „ K. Sankaran

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NEUTRALS—19.

1. Mr. E. E. Pandarathil
2. ,, C. Jabamony Nadar
3 ,, Kannanthodath Janardanan Nair
4. ,, Padiyara Joseph Kunju
5. ,, A. K. Kumaran Vaidyan
6 ,, P. Kunjukrishnan
7. ,, Murukkumpuzha V. Kunjukrishnan
8. ,, Varkala K. Madhavan
9. ,, P. V. Mathai Chemparathy
10. Sahib Bahadur P. S. Mahomed
11. Mr. N. Narayana Kurup
12. ,, S. Narayana Pillai
13. ,, P. Narayana Pillai
14. ,, M. R. Narayana Pillai
15. ,, K. R. Narayanan
16. ,, Kainikkara M. Padmanabha Pillai
17. ,, N. Ramakrishna Pillai
18. ,, Puliyoor T. P. Velayudhan Pillai
19. ,, G. Velu Pillai

The motion was declared lost.

The following motion was not moved.

296. "To reduce the allotment of Rs. 9,390 for control of filariasis in Shertallai taluk by Re. 1."

The following motion lapsed being identical :—

MR. T. C. KESAVA PILLAI :

297. "To reduce the allotment of Rs. 2,15,300 for Public Health and Sanitation by Re. 1."

MR. K. KUNJU PANICKAR : Sir, I had sent cut motion No. 289 under "office allowances" to discuss about the general policy of the department with special reference to the scarcity of good drinking water in the important town of Kottayam. I may be permitted to move that motion under "motions for reduction of total grant".

DEPUTY PRESIDENT : Mr. Janardhana Pillai will move his motion and you can speak on it.

Motion No. 298.

MR. M. L. JANARDANAN PILLAI (*Nominated*): Sir, I beg to move :—

"To reduce the total allotment of Rs. 2,68,800 under Demand XI—by Re. 1.

The object of the motion is to bring to the notice of Government the inadequacy of the measures adopted by the department. At the very outset I wish to state, Sir, that by 'measures adopted by the department', I do not mean any reflection on the department or its working. All that I intend to convey is that the department is not able to do satisfactory service to all parts of Travancore as I wish it to do. The work of the department in regard to the Health Unit at Neyyattinkara has been appreciated by all sections of the House. It has been pointed out by various members of this House and admitted by even members of the medical profession that some parts of Northern Travancore are far from being healthy and that the Medical Department could not possibly improve the situation there. In fact the state of

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affairs in regard to the public health of Travancore has been so deplorable until about six or seven years ago that a wise Government thought that they should adopt modern methods of combating epidemic diseases in the State and also bring into existence a separate Public Health Department on the lines of the Rockefeller Foundation and other health activities. Experience has proved to us that during the last two occasions when there were outbreaks of plague in Travancore particularly in the town of Alleppey so close to the Port of Cochin, the activities of the Public Health Department were able to bring them under effective control within a short period. Equally so when there was malaria attack in South Travancore, particularly in Neyyattinkara and Nedumangad taluks, the activities of the Public Health Department were found to be satisfactory and were also appreciated. I have often pointed out, that the earning capacity of the average workman, especially in the areas where filaria has been troubling very much, is affected; and it is within the range of possibility to improve the public health in that particular area so as to bring about a general improvement in the condition of the country. If the Government would adopt, this slow policy which according to me, they are now adopting, it will be a very very long time before improvement is effected. Only a sum of Rs 2,68,800 is proposed to be spent by the department. If a serious study of the subject is undertaken and if the matter is given the consideration which it deserves, I dare say, that the Government will feel convinced that they should employ more men so that they may be employed throughout the area and that they should allot more funds for this department, and that instead of allowing the whole work to be carried on for a long period allowing the people to suffer in the meanwhile, all avoidable delays in that direction should be avoided. I repeat that the taluks of Ambalapuzha, Shertalai and Vaikom need special attention of the Public Health Department. I earnestly request that they should open a Health Unit in any one of these areas and make it a point to begin their activities within as short a period as possible to make these particular areas healthy. There may be other areas also scattered throughout Travancore which require special attention, but this area, according to me requires the first attention at the hands of Government because the largest coir yarn producing centres are the taluks of Vaikom and Shertallai. It may be interesting for the House to know that the whole requirements of the world in regard to a particular form of coir door mat are not entirely by the two taluks and Alleppey is the chief sea port town of Travancore and something like Rs. 10 crores is the total value of our export trade and that the total volume of trade contributed by coir yarn and coir products is Rs. 2½ crores. It will be found that if the amenities of the town of Alleppey are improved and if the public health of these taluks are improved, it will conduce to general improvement of the industry and trade throughout the State and that in its turn will bring a larger revenue to the State. Therefore I want the House and the Government to realise the importance of my motion. Government have been kindly pleased to

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[Mr. M. L. Janardana Pillai.]

provide Alleppey with good drinking water. Under the new arrangement recently sanctioned, the P. W. D. are engaged in filling up low-lying areas of the town and added to that if an intensive campaign is carried on by the Public Health Department and if a Health Unit is established in that particular area, it will help to improve the general health of the country and thereby the general prosperity of the whole country. With these words I move the motion for the acceptance of the House.

MR. P. KUNJUKRISHNAN: In supporting this motion I want to confine myself only to a few topics. On a former occasion I stressed the necessity for establishing at least one public comfort station in Quilon somewhere between the sea coast and the Railway Station. In that region we get all sorts of people. There is also the boat-landing place, the Railway Station and several factories also. I stressed the necessity for constructing at least one public comfort station and the head of the Department was kind enough to assure the House that with the co-operation of the Municipality he will see that a public comfort station is established there at the earliest possible moment. But I am sorry to say that so far nothing has been done. I would add that the busy town of Quilon requires at least two public comfort stations; one near the railway station and the other somewhere near the bazaar. I think that it is very necessary—

DEPUTY-PRESIDENT: During the discussion of the motion under the total grant, members are expected to discuss the question of policy and not ventilate local grievances.

MR. P. KUNJUKRISHNAN: I may point out that contagious diseases are spreading on in the town of Quilon and various other places. The beggar problem may be a big one.

MR. M. R. NARAYANA PILLAI: May I know what the beggar problem has got to do with the Public Health Department?

MR. P. KUNJUKRISHNAN: It has got much to do. It is the beggars who resort to public places and it is these beggars who are suffering from contagious disease. As a matter of fact we know that the beggars flock in public places, market places, railway stations, and bus stands. That is the case with almost all places from Quilon to Cape Comorin.

MR. KANNANTHODATH JANARDANAN NAIR: May I know whether the Public Health Department can check this?

MR. P. KUNJUKRISHNAN: If the Public Health Department is convinced that it is these beggars who spread the diseases they can give suggestions to Government for the solution of the problem.

As this is wellknown to all the members here I do not mean to dilate upon that point. I only draw the attention of the Head of the Department to this fact.

Much has been said about the mosquito problem and so far as Quilon is concerned it is not devoid of mosquitoes especially the sea coast region, not only of Quilon, but of other places also. Something has to be done to prevent this nuisance.

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I would draw the serious attention of the Government with regard to the supply of good drinking water for Quilon. I submit that in certain areas of Quilon we do not get good water. The general impression is that there is good drinking water in Quilon. In the canal region, mosquitoes breed in very large numbers. I draw the earnest attention of the Government to this fact and suggest that it may be solved at the earliest possible opportunity when finances are available.

In this connection I may refer to another matter. We very keenly feel the necessity of bore hole latrines and for educating the public with regard to their use. The people in the country parts do not know what it is. So propaganda must be carried on and people must be made to use them, which will improve the health of the people.

I would earnestly draw the attention of the department that a general survey of the health of the people must be instituted. So far as my knowledge goes nothing has been done in that direction. I may add that the average man is not improving in his health and that there is so much of disease in all parts of the State. That is clear from the various cut motions tabled before this House. It is for the department to take up the necessary step in that direction. I ask whether any thing has been done. Is not the department brought into existence to look after the health of the people? Is it not the duty of the department to see that proper survey is instituted and the general health of the people known? With these suggestions, I support the motion.

MR. M. R. NARAYANA PILLAI: I have to oppose the motion. The results of the efforts of the Public Health organisation will not be visible to a critic of the Department all at once. It will take years. It is not like a dose of medicine which one receives from a hospital. Further, it is not the business of the Public Health Department to cater to the needs of particular individuals or localities. The department is doing splendid work in Travancore through its various District Officers and others who are specially trained in that direction. And out of my experience of the public life in Travancore I may say that with better co-operation from the public of this country included in it, every educated man and woman, I am sure the condition will improve and the honourable mover will be able to see better and speedier results. All the same, I may say that the Department must devote greater attention to the need for supplying good drinking water for the coastal regions. With these words, I oppose the motion.

MR. P. KUNJUKRISHNAN: It is not the duty of the Public Health Department to look after the public health of the citizens in each part of Travancore?

MR. M. R. NARAYANA PILLAI: It is a Public Health Department and not a private health department.

DEPUTY PRESIDENT: The House will now adjourn and meet again at 2 o' clock.

The House adjourned for lunch at 1 P. M. and reassembled at 2 P. M.

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PRESIDENT: Arising out of the question put by Mr. P. S. Mahomed relating to the delays I find that the deputation met me on the 25th and on the 27th letter was despatched from the Secretariat. Therefore the order must have reached Alleppey on the 27th itself or on the 28th.

MR. P. S. MAHOMED: But, Sir, there is something wrong somewhere.

PRESIDENT: You will find where it is.

MR. C. JEBAMONY NADAR: Sir, I support the motion before the House. In so doing I want to speak a few words in regard to the prevalence of filaria in Eraniel. Even during the last budget session of the Assembly I had brought this to the notice of the House and that of the Government. It is seen from the answer to a question of mine that there are a good number of persons at Eraniel affected by this disease. As many as 600 persons are suffering from this disease in that small town. It is a sad reflection on the department that they have not done anything since 1109 to check the spread of this woeful disease. In the year 1109 some control measures are said to have been started and thereafter there was complete inactivity by the Health Department. I fear that the disease may spread to the surrounding and adjacent localities unless prompt and effective measures are adopted. I wish to draw the attention of the House to this aspect and also appeal to the Dewan to personally inspect the place.

PRESIDENT: Which is the place?

MR. C. JEBAMONY NADAR: Eraniel.

MR. E. P. VARGHESE: What about Shertallai?

MR. C. JEBAMONY NADAR: I am only too glad that the budget makes provision for Shertalai.

I invite the Dewan because the Director of Public Health has not cared even to visit the place in spite of his assurance during the last budget session. When the Head of the Administration sees human suffering I am sure, immediate relief would be afforded and so with this appeal I support the motion.

MR. N. NARAYANA KURUP: സർ, കൂട്നാടെന്നറിയപ്പെടുന്ന കെട്ടനാടിനോടു ഡിപ്പാർട്ടുമെൻറ് ഒരു ചിറമ്മനയം അനുവർത്തിക്കുന്നു എന്നാണു എനിക്കു പറയാനുള്ളതു്. കൂട്നാട്ട് അമ്പലപ്പുഴതാലൂക്കിലെ അധികം ഭാഗവും, കാർത്തികപ്പള്ളി, ചങ്ങനാശേരി, തിരുവല്ല, കോട്ടയം, ഈ തലൂക്കുകളിലെ ഏതാനും ഭാഗവും ചേർന്ന ഒരു സ്ഥലവിഭാഗമാണു്. ഈ സ്ഥലത്തു് ഗതാഗതത്തിനുള്ള സൌകര്യം വളരെ കുറവാണെന്നു ആ സ്ഥലം സന്ദർശിച്ച ദിവാൻജിഅവർകൾക്കുതന്നെ അറിയാമെന്നു ഞാൻ വിശ്വസിക്കുന്നു. കൂട്നാട്ട് സാധാരണയായി ആണ്ടിൽ ഒൻപതു മാസവും വെള്ളത്താൽ പുറപ്പെട്ടിരിക്കുന്നു. വർഷകാലങ്ങളിൽ കെട്ടിടങ്ങൾ ഒഴിച്ചു ആ സ്ഥലവിഭാഗങ്ങൾ എല്ലാം വെള്ളത്തിനടിയിലാ

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യിരിക്കും. ഈ അവസരങ്ങളിൽ ഒരുവീട്ടിൽനിന്ന മറെറാരുവീട്ടിലേക്കുപോ കണമെങ്കിൽ യാതൊരുവാഹനങ്ങളും കിട്ടാൻ ഇടയില്ല. മറു പ്രദേശങ്ങ ളിൽ സുഖിയന്മാരായുള്ള ഉദ്യോഗസ്ഥന്മാക്കു കാർ ഒരു ലക്ഷ്വറിയായി ഇരിക്കുന്നതുപോലെ കുട്ടനാടൻപ്രദേശങ്ങളിൽ ഒരു വള്ളമൊ ഒരു ബോ ട്ടൊ ഉണ്ടായിരുന്നാൽ അതു ഒരു ലക്ഷ്വറി ആണെന്നു പറയാം. ഇങ്ങ നെ ഗതാഗതസൌകര്യങ്ങളും ഇല്ലാത്ത പ്രദേശങ്ങളിൽ പൊതു ജനങ്ങള ടെ ആരോഗ്യസംരക്ഷണാർത്ഥം ഒരു ഗ്രാൻറ് ആയുർവേദവൈദ്യശാലപോ ലും സ്ഥാപിച്ചിട്ടില്ല എന്നു പറയുമ്പോൾ അവിടെയുള്ള ജനങ്ങൾ എത്ര മാത്രം കഷ്ടപ്പെടുന്നുണ്ടെന്നു ആലോചിച്ചാൽ അറിയാം. കുട്ടനാട്ടിൽ ഒരു പബ്ളിക് ഹെൽത്തു യൂണിറ്റ് ഉണ്ടാക്കി ജനങ്ങൾക്കു സൌകര്യം ചെയ്യു ണമെന്നു പലരും പലപ്പോഴും ആവശ്യപ്പെട്ടിട്ടും ഇതുവരെയും യാതൊ ന്നുംതന്നെ ചെയ്തിട്ടില്ല. മലമൂത്രവിസർജ്ജനാദികൾക്കും ശുദ്ധജലം കിട്ടുന്ന തിനും കന്നുകാലികളുടെ ശ്മശാനസ്ഥലങ്ങളായി ഉപയോഗിക്കുന്നതിനും ഗതാഗതത്തിനും എല്ലാത്തിനുംകൂടി ഞങ്ങൾക്കുള്ള സ്ഥലം ഒന്നു മാത്രമാ ണ്. അതു ഞങ്ങളുടെ സമീപത്തുള്ള ആറുകളും തോടുകളും മാത്രമാകുന്നു. ഈ തോടുകളിൽനിന്ന വെള്ളം കുടിക്കുന്ന മനുഷ്യർ ആരോഗ്യവാന്മാ രായിതീരുന്നതെങ്ങനെ എന്നുള്ളതു ഡിപ്പാർട്ടുമെൻറിൽനിന്നുതന്നെ ആ ലോചിച്ചുനോക്കിയാൽ അറിയാം. എൻെറ സ്നേഹിതൻ മി. ജി. വേലു പ്പിള്ള പറയുന്നതുപോലെ ഒരു വീട്ടിൽനിന്ന മറെറാരു വീട്ടിലേക്കു പോ കാൻ ഗതാഗതസൌകര്യമില്ലാത്ത ആസ്ഥലത്തു സാധുക്കളായ ജനങ്ങൾ ക്കു പ്രസവകാലത്തും മറും എത്രമാത്രം ബുദ്ധിമുട്ട് ഉണ്ടാകുന്നു എന്നു ഡിപ്പാർട്ടുമെൻറിൽനിന്ന അനുഭവിച്ചുനോക്കിയാൽ എൻെറ ഉപക്ഷേ പത്തിൻെറ ഉദ്ദേശം മനസ്സിലാക്കാൻ സാധിക്കുന്നതാണ്. കൊയ്ത്തു കാലങ്ങളിൽ ആയിരം ആയിരക്കണക്കിനു ആളുകൾക്കു വിഷൂചിക സാംക്രമികരോഗങ്ങൾ മുതലായവ പിടിപെട്ട് അതിൽ അനേകം പേർ മരിച്ചുപോകുന്നു എന്നുള്ള പരിതാപകരമായ സ്ഥിതി ഡിപ്പാർട്ട മെൻറ് കണ്ടറിഞ്ഞിരിക്കാം. ഈ സംഗതികളെ എല്ലാം വച്ചു പരി ലോചിച്ചുനോക്കുമ്പോൾ അവിടെ ഒരു ഹെൽത്തുയൂണിററിൻെറ ആവ ശ്യം ഒഴിച്ചുകൂടാൻ പാടില്ലാത്തതാണെന്നു കാണാം.

കൊതുകിൻെറ ഉപദ്രവം അവിടെ ധാരാളം ഉണ്ട്. മറു പല സ്ഥലങ്ങളിൽനിന്നും കൊതുകുകളെ പിടിച്ചുകൊണ്ടിരിക്കുമ്പോൾ കുട്ടനാ ട്ടിലെ കൊതുകുകളെക്കൂടി പിടിക്കണം എന്നുപറഞ്ഞാൽ അതു ഒട്ടും ആക്ഷന്തവ്യമല്ല. കുട്ടനാട്ടിലെ കൊതുക് ഉള്ളകാലങ്ങളിൽ ഒരു സെൻറ് മീററ റോളം വലിപ്പമുള്ളതായി കണ്ണാം. ഡിപ്പാർട്ടുമെൻറിൻെറ സഹായം കൂ ടാതെതന്നെ ഈ കൊതുകുകളെ ഉൻമൂലനം ചെയ്യാൻ നാട്ടുകാക്കു സാധി ക്കുമെങ്കിലും മറു് ആരോഗ്യസംരക്ഷണത്തിനു് ആവശ്യമായ ജോലികൾ

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[Mr. N. NarayanaKurup.]

ചെയ്യുന്നതിനു പരിചയിപ്പിക്കുന്നതിനും ഉപദേശിക്കുന്നതിനും സഹായിക്കുന്നതിനും ഒരു ഹെൽത്തയൂണിറ്റ് അവിടെ വേണ്ടതാണ്. ചേത്തലയിലേയും അലപ്പുഴയിലേയും കൊതുകുകളുടെ ശല്യത്തെപ്പറ്റി എന്റെ സ്നേഹിതൻ മി. എം. എൽ. ജനാർദ്ദനൻപിള്ള പറഞ്ഞപ്പോൾ കൊതുകുകളെ നിവാരണം ചെയ്യുന്നതിനു മതിയായ ഫണ്ട് കൊടുക്കുന്നില്ല എന്നദ്ദേഹം സൂചിപ്പിച്ചു. മുമ്പ് ആസ്ഥലങ്ങളിൽ ആഴ്ചയിൽ നാലു ദിവസം കൊതുകു നശിപ്പിക്കാൻ ഉള്ള മരുന്നു പ്രയോഗിച്ചുകൊണ്ടിരുന്നു. ഇപ്പോൾ അതു് ആഴ്ചയിൽ ഒന്നോ രണ്ടോ ദിവസം മാത്രമേ നടത്താറുള്ളൂ. ഇതിനുള്ളകാരണം ജോലിക്കാരെ കുറച്ചതും ചെലവു കുറച്ചതുമാണെന്നാണറിയുന്നതു്. ശരിയായി ജോലി നടത്തിയിരുന്നപ്പോൾ കൊതുകുശല്യം കുറഞ്ഞിരുന്നു. ചേത്തലയിലെ കൊതുകുശല്യം കൂടിവരുന്നതും, ഇതുകൊണ്ടാണെന്നതോന്നുന്നു കൊതുകു ശല്യം കൊണ്ടു മസ്തുരോഗം വർദ്ധിച്ചിട്ടുള്ള ചേത്തവക്കാർക്കിടയിൽ കൂടുതൽ ശ്രദ്ധ പതിപ്പിക്കേണ്ടതാണ്. ചേത്തലയിൽ ശുദ്ധജലം കുടിക്കാനില്ല. അലപ്പുഴ ശുദ്ധജലവിതരണപദ്ധതി മൂലം ചേത്തലയിലെ ജലദൌർല്ലഭ്യംകൂടി പരിഹരിക്കേണ്ടതാണ്. കുട്ടനാട്ടിൽ ശുദ്ധജലവിതരണത്തിനു പകരതിതോറും ഒരു പബ്ലിക്ക് കിണറു വീതമെങ്കിലും സ്ഥാപിക്കേണ്ടതാണ്. എന്റെ നിവേദനം ചിന്താവിഷയമാക്കുമെന്നു പ്രതീക്ഷിച്ചുകൊണ്ടു ഞാൻ ഉപക്ഷേപത്തോടനുകൂലിക്കുന്നു.

MR. S. CHATTANATHA KARAYALAR: Sir, I wish to make a few observations, particularly with regard to certain figures furnished in the report of the Department in respect of the incidence of infant mortality in certain taluks. The report states as follows:

> "It is significant that the taluks of Tovala, Agasteeswaram, Kalkulam, Vilavancode and Shencotta where the epidemic tends to break out most often, also show relatively high infant death rates. This is also found to hold good in the case of the towns of Shencotta , Colachel and Kuzhithura. If therefore some systematic attempts are made to bring down infant mortality rate in these regions, it is probable that the danger of the outbreak of cholera epidemics, may be reduced in these areas since many of the factors causing high infant mortality also predispose the population to an easy susceptibility to diseases."

Evidently there seems to be some connection between the high infant death rate and the occurrence of cholera, in the taluks referred to. The opinion of technical people that in these areas "many of the factors causing high infant mortality also predispose the population to an easy susceptibility to diseases," is significant.

Sir, my point is to show that the Department ought to investigate the causes of the high infantile death rate in these taluks, particularly, in Shencotta, where it is reported that the death rate is the highest. I make this observation to emphasise that better control measures should be adopted to prevent epidemic of cholera from breaking out in these taluks. On page 21 of the report, there is an ominous statement

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to the effect that the triennium 1115—1117 may be one of high incidence unless vigilant preventive and control measures are adopted The next triennium is near and I want the department to take all preventive measures at an early date so that the incidence of cholera may be minimised. It is with a view to impress this important matter on the Government that I am drawing the particular attention of the Public Health Department to this matter. Timely action should be taken to prevent the disease from spreading in the Southern taluks and Shencotta during next year. With these observations I support the motion.

MR. VARKALA K. MADHAVAN: Sir, some years ago a leprosy survey was carried out in my constituency. Now it is seen that every year about 200 lepers are treated as out-patients in the Chirayinkil District Hospital. I find that the disease is rapidly spreading all over the taluk. One can hardly walk more than a mile in my taluk without meeting a leper. It is high time that the Department take adequate measures to check the spread of this infectious disease.

In this connection I have to bring to the notice of Government a more urgent matter *i. e.*, the necessity for the supply of good drinking water to the villages of Kaikara, Vakkom and Kadakavur. In these places the inhabitants suffer much on account of the lack of good drinking water. Government must take steps to remedy this need of the people in those places. With these words I support the motion.

DR. M. K. GOPALA PILLAI: Sir, the honourable member for Ambalapuzha remarked that the public health condition of Shertallai, Ambalapuzha and Vaikom should be improved. It is true Sir, that unhealthy conditions prevail in these three taluks. Elephantiasis, filariasis and hookworn infections are more prevalent in these three taluks than elsewhere. Further, in view of the fact that Alleppey is a growing commercial centre and the only important port of the State, it is all the more necessary that advanced public health measures should be introduced in that town. It is the ambition of this Department and the intention of Government to accelerate the various public health activities in the insanitary areas of the town. The installation of water supply at Alleppey should be regarded as a great boon to the people of the locality and this will go a great way to mitigate the infection of hookworm and filariasis.

The Honourable member for Ambalapuzha said that there is necessity for the introduction of a Health Unit system there. His argument was that the water sources are contaminated and there are no hospitals near by Ambalapuzha. But I may say that in Kuttanad area there are three hospitals, one at Pulinkunnu and the others at Edathuva and Ambalapuzha. Further, there is the District Hospital at Alleppey. However midwifery aid is highly necessary in these water-logged places. There is difficulty of communication and the introduction of advanced public health measures in these places is engaging the attention of the Department. Suitable recommendations will be made to Government as funds become available.

In regard to the inadequacy of public comfort stations in the Quilon Municipality I may inform the Honourable Member that recommendations were made to the Municipal President and I am sure that

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[Mr. M. K. Gopala Pillai:

before long the Municipal President will take the necessary steps in this direction.

The beggar problem in this State is not a new one Of course, the question requires to be tackled by social agencies, and poor houses for segregating beggars with infectious diseases and other destitute homes should be instituted. Almost every Honourable member complained about the mosquito nuisance. This is a universal problem and an every day nuisance not only in Travancore or in tropical countries but in almost all parts of the world. Honourable members should be gratified to learn that Travancore was one of the first States in India to introduce anti-mosquito measures. We are first tackling the control of the species that causes certain diseases such as filariasis and malaria. In Municipalities, we have taken up general control measures while in the rural areas there is the control of the particular species concerned. In places where the population is dense what is done is general control.

MR E. P. VARGHESE: Is there any method of control of the species which causes the diseases?

DR. M. K. GOPALA PILLAI: Yes; the removal of the pistia from the tanks and backwaters. In the constituency of the Honourable Member, we are conducting species control. Gambusia introduced in the wells will swallow the larvae of the anophales. That is another control measure. The expenditure involved in these control measures is not at all commensurate with the advantages that are likely to accrue from adopting such methods in rural areas where the houses are few and far between.

The member for Kalkulam taluk referred to the mosquito nuisance and filariasis incidence in that taluk. Sir, it is true that control measures were adopted in Eraniel a few years ago. It was done as an experimental measure with the funds that were made available to this Department by the Rockefeller Foundation. We requested the inhabitants of the locality to co-operate in the control measures the cost of which will be equally shared by the people and the Government. But the co-operation of the people was not forthcoming. In fact, there was no co-operation and therefore, we had to drop the idea for the moment. The question of infection there is not so great as it is in certain other parts of the State. Anyhow, it will be the attempt on the part of this Department to introduce such measures as are possible and necessary when funds become available.

Honourable member, Mr. Karayalar said about the alarming increase of the infantile mortality in this State. Comparisons may not satisfy the member, but I may say that infantile mortality is much lower in Travancore than in the neighbouring British Indian States. In certain places as Shencotta, Thovala and Agastheeswaram, infantile mortality may appear to be a little higher as accurate statistics are taken in those places. There are Sanitary Inspectors going about in those places making a house to house inspection and recording all deaths. So, the accurate statistics available at present are more responsible for the high figures that are shown in the Administration Report. If similar figures are available for other taluks of the State,

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it will be seen that comparatively those taluks do not suffer from infantile mortality more than other places.

With regard to the possible outbreak of cholera with the coming of the rainy season, I may say that it is only an intelligent forecast. From past experience, it has been the policy of the Department to forecast any possible epidemic and it was thought that between 1116 and 1118 may possibly be one such period.

PRESIDENT: The Honourable member has only two minutes more.

MR. S. CHATTANATHA KARAYALAR: Is there any connection between high infantile mortality and occurrence of epidemics?

DR. M. K. GOPALA PILLAI: Yes. Epidemics are likely to affect infants also. Now, Government have been pleased to introduce intensive public health activities in these three taluks. After the introduction of the activities in the taluks of Thovala, Agastheeswaram, and Shencotta, it was possible to reduce small-pox and cholera in these taluks. There was no outbreak of any of these diseases in these taluks during the last three years. There is no cause for apprehension that cholera will break out though there is a forecast. I do not think that these three taluks which are adjacent to the British—

PRESIDENT: Order, Order; The time for the Demand has elapsed.

The question that Government be granted a sum of Rs. 2,68,800 under Demand XI—Public Health and Sanitation—was put to vote and carried.

The motion was passed and the grant was made.

The following motions lapsed as the time-limit had expired;

299. To reduce the total allotment of Rs. 2,68,800 under Demand XI by Rs. 5.
300. To reduce the total allotment of Rs. 2,68,800 under Demand XI by Rs. 10.

DEMAND XII—PUBLIC WORKS DEPARTMENT INCLUDING WATER WORKS AND DRAINAGE—RS. 64,50,527.

MR. M. S. DORASWAMI AIYANGAR: Sir, I rise to move for a grant of Rs. 64,50,527 under Demand XII—Public Works Department including Water Works and Drainage.

The following motion was not moved:

301. To reduce the allotment of Rs. 35,648 for 1st Grade Clerks, 2nd Grade Clerks etc., by Re. 1.

Motion No. 302.

MR. K. KUNJU PANICKAR: Sir, I move,

"To reduce the allotment of Rs. 8,500 for travelling allowance by Rs. 10."

To discuss the policy of the Department with special reference to the maintenance and building up of the means of communication and the flood areas of the M. C. road between Changanacherry and Chengannur.

PRESIDENT: There is one matter which I may mention in regard to the P. W. Department. The policy of the Government, after the constitution of the P. W. Advisory Committee in regard to all requisitions that are made with reference to roads, communications and bridges, has been to refer them automatically to that committee.

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